

# **Overview of Virtual PACE Outreach and Enrollment Policies and Plans**

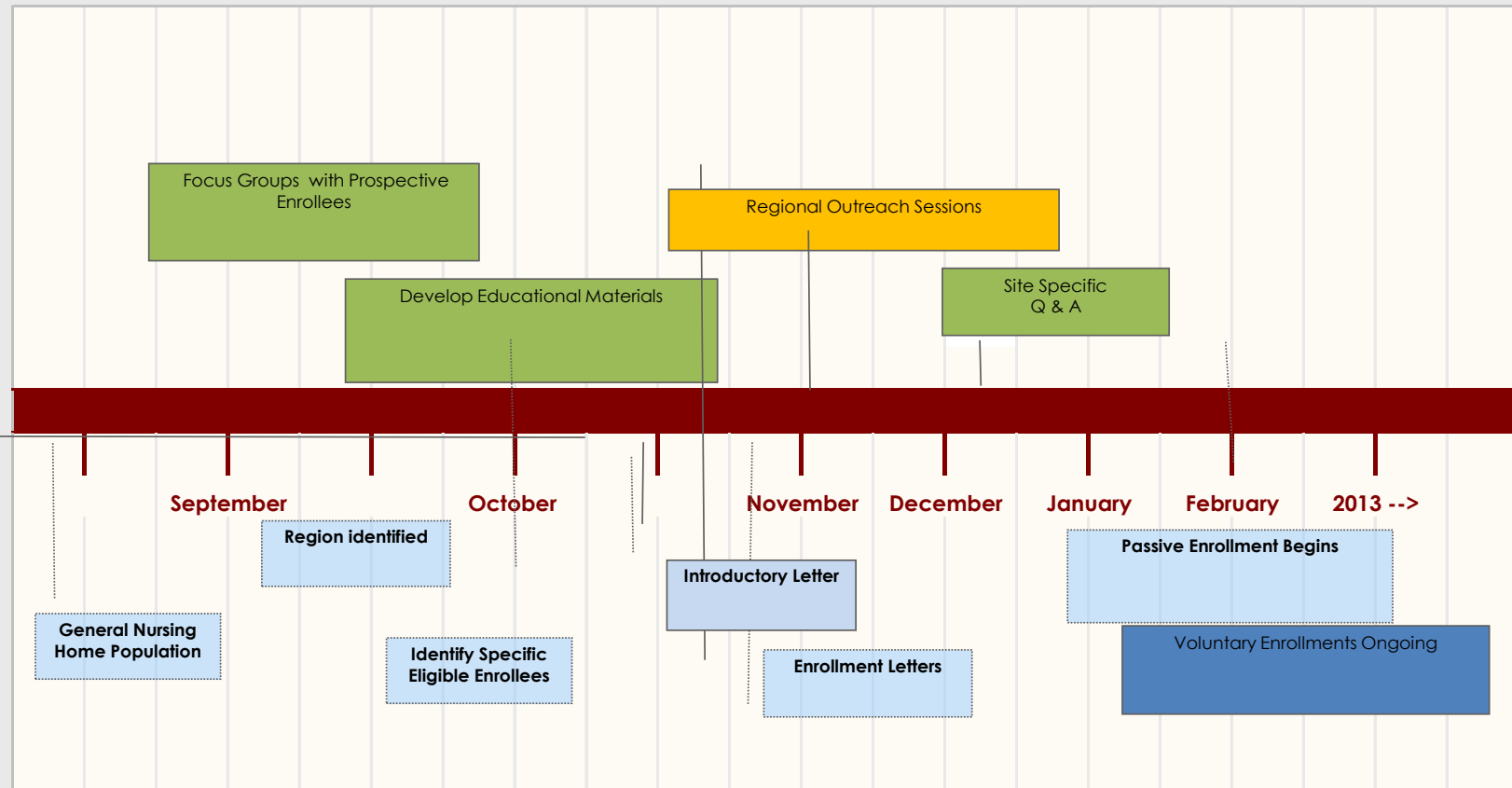
**September 12, 2012**

The Wisconsin Department of Health Services goals for Virtual PACE are to provide person-centered, coordinated care to eligible enrollees through an integrated Medicaid and Medicare health care service delivery system. Our enrollee outreach and enrollment plan reflects these goals through active and meaningful enrollee outreach and education.

The purpose of this document is to summarize key segments of the plan into one comprehensive overview. This document provides an overview of enrollment and outreach activities, policies issues impacting those activities, enrollment criteria, and preliminary plans to implement these policies and proceed with outreach activities. It contains four sections:

1. Virtual PACE Enrollee Outreach, Input, and Education: This is a high-level illustration of planned activities.
2. Policy and Operational Issues Impacting Enrollment Plan: This describes policy and operational issues that affect the planned activities.
3. Virtual PACE Eligible Population Enrollment Summary Grid: This grid summarized enrollment criteria for different eligible populations.
4. Enrollee Outreach & Enrollment Plan: This describes in more detail what each of the outreach and enrollment activities entails.

# Virtual PACE Enrollee Outreach, Input, and Education



## Resources:

DHS: BFM, BADR, DQA, BOALTC  
Integrated Care Organizations  
Nursing Homes, ADRC

Purpose of this document is to: 1) Establish a general timeline for member outreach, 2) Identify specific outreach activities and interdependencies, 3) Describe and present the set of pre-enrollment activities, 4) Provide support and logistics

## **Policy and Operational Issues Impacting Enrollment Plan**

### **Passive Enrollment**

Individuals identified as the eligible passive enrollment population per the Virtual PACE Eligible Population Enrollment Grid below will be automatically enrolled in Virtual PACE, unless or until they take action to opt out. Prior to enrollment, individuals will receive outreach and education material and written notification communicating their rights and options with respect to enrollment. The specifics of those communications and options, including the right to opt out, are summarized in this document.

### **Three Year Roll Out**

Wisconsin has proposed initiating implementation in the southeast region and expanding geographically north and west over the course of the three year demonstration. This strategy is based on experience with implementation of other long term care models, the unique systems reforms sought in this initiative, and the need to account for variations in existing program and regional geographical factors across the state.

The proposal for gradual roll out affords the opportunity to implement on a small scale with a concentrated geographical area, achieve ICO certification with comprehensive provider networks, and grow from a place of solid learning and experience. DHS expects ICOs to need this time to build capacity, service delivery networks, and creditability with initial nursing homes to succeed in further expansion.

DHS is open to exploring ways to speed up this three year plan to a modestly shorter roll out, but our analysis continues to conclude that statewide implementation in year one is not in the demonstration's best interest.

### **Identification of Eligible Individuals**

DHS expects to be able to identify individuals meeting passive and voluntary enrollment criteria in its current Medicaid Management Information System (MMIS), interChange (iC). DHS has records including members' age and eligibility for Medicaid and Medicare, and enrollment in various existing programs, including Medicare Part C and supplemental policies for coordination of benefits. Nursing homes must submit level of care (LOC) information to iC prior to receiving Medicaid payment, including the nursing home in which the member resides, which will be used to determine which individuals reside in participating nursing facilities. DHS is able to transmit enrollment information to CMS.

## Virtual PACE Eligible Population Enrollment Summary Grid

<i>Passively Enrolled Population</i>		
<i>1. Identify 2. Education (Forum, focus groups, 1:1) 3. Notification (initial eligible letter with options and contact) 4. Enrollment Notification (ICO named, enrollment date 60 days later) 5. Opt Out Provisions</i>		
<i>1. Enrollment Population</i>	<i>Excluded</i>	<i>Summary Policy Points / Enrollment Options and Impacts</i>
A. Full Dual Eligible (full Medicaid <b>and</b> Medicare benefits)	Partial Medicare or Partial Medicaid	CMS Predetermined limitation
B. In pilot service areas	Not in pilot service area	CMS Predetermined limitation
C. Age 18 and Over	Under 18	DHS Predetermined limitation
D. Resident of Participating Skilled Nursing Facility	Resident of IMD Resident of ICF-MR	DHS policy determined limit <i>Recommendations from prospective ICO, NH, and some stakeholder comments. IMD and ICF-MR residents are significantly different from a care, cost and qualitative initiatives to impact.</i>
E. Medicaid Stays	Short Term Medicare Rehab stay	DHS policy determined limit <i>No known alternate standard date than the Medicare benefit cutoff date to establish. Some NH stakeholders raise as a critical provision to protect Medicare revenue. Some advocates, other stakeholders indicate short-term stay group is critical opportunity for return to home.</i>
<i>Options Counseling Populations</i>		
<i>2. Enrollment Population</i>	<i>Voluntary</i>	<i>Summary Points</i>
A. Fee for Service Medicaid <u>and</u> Medicare	i. Medicaid Managed Care <ul style="list-style-type: none"> <li>a. Family Care</li> <li>b. Family Care Partnership</li> <li>c. PACE</li> <li>d. SSI MC</li> </ul> ii. IRIS iii. CIP/COP/ or Children's Waiver iv. Medicare Managed Care Plan	DHS policy determined limit  <i>Policy recommendation from advisory committee, stakeholder inputs and principles identified in DHS proposal</i>  Individuals that have already chosen and are enrolled in an coordinated care program could choose to disenroll from their current program and enroll in Virtual PACE if they meet the criteria in 1.A through F.
B. Meet all of 1 A. - F and 2. A but.....	Individuals that have elected their hospice benefit and are in the nursing home under FFS	DHS policy determined limit <i>Continuity of care consideration.</i> Individuals that have already elected their hospice benefit can choose to enroll in Virtual PACE if they meet the criteria in 1. A through F above. Individuals do not have to disenroll from hospice to enroll in Virtual PACE.
C. Meet all of 1 A. - F and 2. A but.....	Individuals with employer sponsored insurance or retirees for whom their employer/union is paid a Part D drug subsidy by Medicare	DHS policy determined limit <i>Recommendations from content experts and benefits specialist experienced with individuals enrolling in MC programs and unintentionally losing access to other, non-publicly funded health care benefits and/or supplements that cannot be reestablished, or the path for reestablishing is unclear, for the enrollee or their family.</i>  Individual with employer sponsored insurances or retirees for whom their employer/ union is paid a Part D drug subsidy by Medicare may choose to enroll in Virtual PACE. This enrollment may result in a loss of their subsidized part d benefit.
D. Meet all of 1 A. - F and 2. A but.....	Individuals with private Medigap Supplemental Policies	DHS policy determined limit <i>Recommendations from content experts and benefits specialist experienced with individuals enrolling in MC programs and unintentionally losing access to other, non-publicly funded health care benefits and/or supplements that cannot be reestablished, or the path for reestablishing is unclear, for the enrollee or their family.</i> Individuals with private Medicare supplements may choose to enroll in Virtual PACE. Enrollment in Virtual PACE will not result in a loss of their Medigap policy.

## **Enrollee Outreach & Enrollment Plan**

### **Enrollee Outreach Plan**

Our objectives with enrollee outreach are to engage enrollees, their families, and support systems, along with community stakeholders, in understanding the program design and providing input, to alleviate concerns and to support informed enrollee access. These activities include focus groups, educational brochures/materials, regional forums, nursing home site specific meeting and introductory enrollment letters. The plan below identifies program implementation milestones and the key activities that will occur as those milestones are reached.

#### ***Milestone: General Nursing Home Institutional Population Identified***

##### ***Focus Groups***

- Objective. To obtain beneficiary specific input into program requirements and enrollment planning. This task would build on existing research with dually eligible beneficiary focus groups and target the institutional population in Wisconsin.
  - Plan for 3-6 focus groups.
  - Locations TBD.
- Results. Immediate consequences would include informing educational material and further forum planning. Long term results would be identification of baseline experiences and expectations from which to measure effectiveness of program goals.

##### ***Educational Material***

- Objective. To develop informative and easily understandable material describing the vision and goals of the Virtual PACE model.
  - Initial materials based on overall overview of the program model.
  - Subsequent appendices or reiterations created as implementation elements unfold (e.g., logistics of region and further expansions timelines.) This material could include a FAQ document.
- Results. Materials useable for future outreach, education and general public information.

#### ***Milestone: Regions of Implementation Established***

##### ***Regional Sessions***

- Objective. To interact with local stakeholders in targeted regions of identified implementation areas, furthering education and identifying and addressing area specific issues.
  - Human services organizations and community business partners would be joined in these sessions.
- Results. Full spectrum of organizations necessary to successfully implement the program would be engaged, informed, and fully understand their role.

#### ***Milestone: Specific Participating Nursing Homes Identified***

##### ***Nursing Home Site Specific Question & Answer Meetings***

- Objective. To interact in participating nursing homes with identified eligible enrollees to support communication of specifics and resolve any issues.
  - Distinctions between passive and voluntary enrollment populations, as well as options to address any changes in status between the time of the meeting and the implementation date, will be clarified at an individual level.
  - Information will be provided on transitional strategies and continuity of care provisions in order to alleviate individual concerns with transitions.

- May occur either before, after, or concurrent with the specific identification of enrollees (below milestone).
- Results. The individual level impact of systems change would be described to enrollees, supporting them and their community and stakeholders in being fully informed and meaningful participants.

***Milestone: Specific Identification of Eligible Enrollees & Passive versus Voluntary***

**Enrollment Plan**

The enrollment plan describes the key tasks designed to inform enrollees of their eligibility status, provide the appropriate venues for further information and communicate the enrollment dates and plan(s). Detailed descriptions of eligible population and distinctions between passive and voluntary enrollment groups are contained in the Virtual PACE Eligible Population Definition Grid above.

***Initial Letters Issued to Passive Enrollment Eligible Group***

- Objective. Individual outreach and information. Letter to include:
  - Individual's eligibility status.
  - Overview of the program using educational materials described above.
  - Contact information for further questions.
    - Helpline with specific expertise on the Virtual PACE program, participating nursing homes, and eligibility criteria.
    - Helpline respondents trained to answer and resolve questions or correct misinformation and to triage enrollment questions or issues.

***Enrollment Notification Letter to Passive Enrollment Eligible Group***

- Objective. Indicate intent to passively enroll identified eligible individuals 60 days prior to enrollment effective date. Letter to include:
  - ICO specifics, including multiple ICOs as applicable.
  - Enrollee rights.
  - Date of planned enrollment.
    - Enrollment uptake still in discussion; could be all in day one, rolling enrollment by nursing home, or alternate intake.
  - Contact information for opt out (helpline) and/or options counseling (ADRC).
    - CMS contact information in letter TBD

***Ongoing Passive Enrollment Eligible Populations***

- Objective. A monthly sweep of systems data will generate a list of ongoing new eligibles.
  - These individuals would get the initial and enrollment letters as described above.
  - This sweep would exclude individuals who chose to opt out previously.

***Voluntary Eligible Group***

- Individuals defined as voluntarily eligible would be informed of the Virtual PACE program through existing ADRC outreach and options counseling venues.
  - Educational material developed in outreach activities would be shared beginning in month one of roll out as applicable to the demonstration regions.
  - ADRCs are expected to provide options counseling for the voluntarily eligible population.
  - Voluntary eligible population can enroll the first day of a month following decision to enroll.